

FISCAL MEMORANDUM

HB 2608 – SB 2830

May 1, 2008

SUMMARY OF AMENDMENT (018009): Deletes all language after the enacting clause. Effective July 1, 2008, requires all inmates, regardless of age, to be tested for “blood borne pathogens” which defined as hepatitis B virus (HBV), hepatitis C virus (HCV), and the human immunodeficiency virus (HIV). Such testing will be completed when an inmate is admitted to the Department of Correction and prior to the inmate’s release either on parole or probation or when discharged without further supervision.

FISCAL IMPACT OF ORIGINAL BILL:

Increase State Expenditures - \$4,542,800/One-Time
\$4,156,100/Recurring

FISCAL IMPACT OF BILL WITH PROPOSED AMENDMENT:

Increase State Expenditures - \$4,542,800/One-Time
\$4,646,100/Recurring

Assumptions applied to amendment:

- Under current law, testing for HIV is mandatory if the inmate is 21 years of age or less.
- On average 7,000 persons are admitted to the Department of Correction (DOC) each year. DOC estimates 70 percent (4,900) are currently being tested for HIV and 30 percent (2,100) are being tested for hepatitis. Estimated cost to test for HIV is \$40 and \$30 for hepatitis. An inmate with HIV requires treatment for the entire length of incarceration. DOC estimates an inmate with hepatitis will require treatment for one year.
- Each year 2,100 inmates will be tested for HIV who are not currently being tested, at a cost of \$40 per person for a total of \$84,000 (\$40 x 2,100) for the initial testing. DOC estimates 42 of those inmates will test positive for HIV and will require further testing to determine the appropriate treatment. The additional tests will cost \$200 per inmate for a total of \$8,400 (\$200 x 42). The average cost for treatment for an HIV patient is \$1,224 per month or \$14,688 per year. The cost for treatment for 42 additional inmates will be \$616,896 for one year. The

total recurring cost for 42 additional inmates to receive HIV tests and treatment for 2.75 years will be \$1,788,864 ($\$616,896 \times 2.75 = \$1,696,464 + \$84,000 + \$8,400$).

- Each year 4,900 inmates will be tested for hepatitis who are not currently being tested, at a cost of \$30 per person for a total of \$147,000 ($\$30 \times 4,900$) for the initial testing. DOC estimates 116 of those inmates will test positive for hepatitis. The average cost for treatment for a hepatitis patient is \$1,595 per month or \$19,140 per year. The cost for 116 additional inmates to receive hepatitis tests and treatment will be \$2,367,240 ($\$19,140 \times 116 = \$2,220,240 + \$147,000$).
- Total recurring expenditures for the Department to perform the required tests and appropriate treatment are \$4,156,104 ($\$1,788,864 + \$2,367,240$).
- DOC currently has 19,200 inmates. The Department estimates two percent (115) of the remaining 30 percent not currently being tested for HIV will test positive. Estimate assumes these inmates have already served 50 percent of the average 2.75 years (16.5 months). The average cost per inmate for treatment is \$20,196 ($\$1,224 \times 16.5$ months). The one-time cost for the Department to treat these additional offenders will be \$2,322,540 ($\$20,196 \times 115$).
- DOC currently has 50 inmates being treated for hepatitis with 30 percent of all inmates being tested for hepatitis. DOC estimates an additional 116 inmates will be tested positive for hepatitis. The cost per inmate for treatment is \$19,140 ($\$1,595 \times 12$). The one-time cost for the Department to treat these additional offenders will be \$2,220,240 ($\$19,140 \times 116$).
- DOC releases an average of 7,000 inmates per year. Each year 7,000 inmates will be tested for hepatitis prior to release from DCO at a cost of \$30 per person for a total of \$210,000 ($\$30 \times 7,000$) for the testing to take place upon release. Those same inmates will also be tested for HIV at a cost of \$40 per person for a total of \$280,000 ($\$40 \times 7,000$).

CERTIFICATION:

This is to duly certify that the information contained herein is true and correct to the best of my knowledge.



James W. White, Executive Director

/lsc